


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).)</i>		<b>Docket Number (Optional)</b> 3493-0170PUS1					
Application Number	10/584,445-Conf. #4148	Filed	June 22, 2006				
For <b>PHARMACEUTICAL COPOSITION OF VINFLUNINE WHICH IS INTENDED FOR PARENTERAL ADMINISTRATION PREPARATION METHOD THEREOF AND USE OF SAME</b>							
Art Unit	1614	Examiner	T. P. Thomas				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
<table style="width: 100%; border: none;"> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </table>					<u>Fee</u>	<u>Small Entity Fee</u>	
	<u>Fee</u>	<u>Small Entity Fee</u>					
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____				
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____				
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1,110.00				
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____				
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.							
<input type="checkbox"/> A check in the amount of the fee is enclosed.							
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .							
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>							
I am the <input type="checkbox"/> applicant/inventor.							
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,868</u>							
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.							
Registration number if acting under 37 CFR 1.34 _____							
<u></u> Signature		<u>October 23, 2008</u> Date					
<u>Andrew D. Meikle</u> Typed or printed name		<u>(703) 205-8000</u> Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
<input type="checkbox"/> Total of <u>1</u> forms are submitted.							